

Instructions for Clerk's Fee Waiver ECR Online, Ex Parte Presentation and/or Ex Parte Expedited

If you believe that you are unable to afford paying Clerk's fee(s) in your court case, you may request a waiver. In determining whether a fee waiver request is approved, the Clerk will consider your ability to pay based the submission of a completed and signed Affidavit in Support of Fee Waiver Request.

To complete the Affidavit:

1. Write in the parties names (Plaintiff/Petitioner vs Defendant/Respondent)
2. Add the Case Number
3. Below the case number, check one or more of the types of fee waiver you are requesting
4. Clearly print your name on the line provided
5. Check the box that best supports your eligibility for requesting a fee waiver (See below).
Attach your supporting document as required.
6. Sign and date the document.

Fee Waiver Eligibility Verification Requirements:

Benefit Award Letter: You are currently receiving assistance under a needs-based, means-tested assistance program such as the following:

- Federal Temporary Assistance for Needy Families (TANF)
- State-provided general assistance for unemployable individuals (GA-U or GA-X)
- Federal Supplemental Security Income (SSI)
- Federal poverty-related veteran's benefits
- Food Stamp Program (FSP)

Financial Declaration Form: Your family income is less than 125% of the Federal Poverty Standard (see below).

Family Size	1	2	3	4	5	6	7	8	9 or more
Maximum Monthly Income*	\$ 1,197	\$ 1,616	\$ 2,034	\$ 2,453	\$ 2,872	\$ 3,291	\$ 3,709	\$ 4,128	Add \$419 for each additional person
Maximum Annual Income*	\$14,363	\$19,388	\$24,413	\$29,438	\$34,463	\$39,488	\$44,513	\$49,538	Add \$5,025 for each additional person

* "Income" means net income received, after taxes and child care costs are deducted.

Court Order Waiving Fees: You already have a court order waiving your filing fee and surcharges in this case, which is less than six months old. You do not need to provide a copy of the order.

Return Completed Waiver Request:

In-person to the Clerk's Office Cashiers between 9:00 am – 4:30 pm (closed 12:15 – 1:15 pm)
(address below)

By mail to:

Regional Justice Center
Attn: Clerks Office
401 Fourth Avenue North Room C2
Kent, WA 98032-4429

King County Superior Court
Attn: Clerks Office
516 Third Avenue Room E609
Seattle, WA 98104-2386

If you are unable to come in person or mail your fee waiver request and supporting documentation, please call 206-477-0815 for assistance.

Superior Court of Washington for King County

Plaintiff/Petitioner

Vs.

Defendant/Respondent

Case No. _____

Affidavit in Support of

- ☐ ECR Online
- ☐ Ex Parte Presentation
- ☐ Ex Parte Expedited
Presentation

Fee Waiver Request

I, _____ (name), declare under penalty of perjury that:

- ☐ I have attached a copy of my valid benefits award letter from a Washington State Agency, or from any United States governmental agency; OR
- ☐ I have attached a true, accurate and complete Financial Declaration; OR
- ☐ I have received an Order from the Court waiving my filing fees and surcharges in the above-mentioned case within the past six months.

Signed this _____ day of _____, 20____.

Signature of Requester

Mailing address: _____

Phone: _____

eMail: _____

For DJA staff use only

Affiant's identity verified by: _____

Fee Waiver Request approved on _____

OR

Fee Waiver Request denied on _____

For the following reason: _____

Affidavit in Support of ECR Online, Ex Parte Presentation, and/or Ex Parte Expedited
Presentation Fee Waiver Request

Revised 12/16/2013

FINANCIAL STATEMENT

1. My name is:	
2. My spouse/partner/room-mate's name is:	
3. Self	3. Spouse/partner/room-mate
Employer Name:	Employer Name:
Employer Address:	Employer Address:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Gross pay/month: \$	Gross pay/month: \$
Number of hours worked per week:	Number of hours worked per week:
If unemployed, date of last employment:	If unemployed, date of last employment:
4. My Other Income Per Month	4. Spouse/partner/room-mate Other Income
Public Assistance \$	Public Assistance \$
Unemployment Compensation \$	Unemployment Compensation \$
Industrial Insurance (L&I) \$	Industrial Insurance (L&I) \$
Child Support Received \$	Child Support Received \$
Gifts \$	Gifts \$
Social Security \$	Social Security \$
Investment Income \$	Investment Income \$
Legal Settlements \$	Legal Settlements \$
Other Monthly Receipts \$	Other Monthly Receipts \$
5. The Following People Live With Me	
List name, age and relationship of ALL persons living in your household	
6. My Asset and Equity Values are:	
Home: \$	Cash: \$
Checking Account: \$	Retirement: \$
Savings Account(s): \$	Other (list):\$
Auto(s) + make/yr: \$	
	Total \$

Reviewed by: _____

Date: _____